THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) In a judgement dated 4.8.2004 in the criminal appeal No. 778 of 2004, the Hon'ble Supreme Court of India has held that the legal position is almost firmly established that where a patient dies due to the negligent medical treatment of the doctor, the doctor can be made liable in civil law for paying compensation and damages in tort and at the same time, if the degree of negligence is so gross and his act was so reckless as to endanger the life of the patient, he would also be made criminally liable for offence under Section 304-A IPC. For fixing criminal liability on a doctor or surgeon, the standard of negligence required to be proved should be so high as can be described as "gross negligence" or "recklessness". It further held that mere inadvertence or some degree of want of adequate care and caution might create civil liability but would not suffice to hold him criminally liable. In this case, the Hon'ble Court finally held that no case of recklessness or gross negligence had been made out against the doctor concerned to compel him to face trial for offence under Section 304-A of IPC.

At present, the Central Government has no proposal to prefer a review petition against the above judgement of the Supreme Court. There are provisions available in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002 under which any complaint with regard to professional misconduct against a doctor can be brought before the Medical Council of India or appropriate State Medical Council and if the concerned Council after holding an enquiry in the matter comes to the conclusion that the doctor concerned is guilty of misconduct, the Council may award such punishment as deem necessary or may direct removal altogether or for a specified period, the name of the delinquent doctor from the Register.

Import of contaminated blood from UK

245. SHRIMATI S.G. INDIRA:
SHRI TARIQ ANWAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that blood product samples contaminated with the human form of the mad cow disease had been imported into India from Britain;

(b) if so, the details thereof;

(c) whether Government have ordered the Drug Controller of India to investigate the matter in view of its seriousness; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Based on the news report which appeared in the National Newspapers in India on 28th September, 2004, the matter was taken up with British High Commission in order to confirm the supply of blood product suspected to be contaminated with human form of mad cow disease. The enquiry reveals that 22 vials of vigam-S 5g (Human Normal Immunologlobulin) batch No. VGC 085 manufactured by M/s Bio Products Laboratory, U.K. was exported to India and the blood donor who donated source plasma later development vCJD. M/s Bio Products Laboratory, U.K. has informed that they have exported this consignment to M/s Genexx Chemicals Pvt. Ltd., New Delhi in 1997. The said lot was manufactured in July, '97 and hence the expiry date was August, '99.

(c) and (d) After enquiry into the matter, British High Commission has clarified that the estimated level of ineffectivity for any patient is judged according to the new U.K. critieria of having passed the "at risk" threshold and need for only public health precautions.

As per information available from WHO and European Medicine Agency, there is no credible instance of transmission of CJD through blood products. National Institute of Mental Health and Neuro Sciences (NIMHANS) Bangalore has also informed that no case of CJD is reported from India till date. Further on enquiry, it has been clarified that the blood product manufacturers in U.K. are using imported plasma from USA since 1998 to manufacture the blood products in order to avoid the risk of vCJD problem. So far, Government has not received any reported incidence of vCJD disease through blood products in the country.

Minimising maternal deaths

246. SHRI S.P.M. SYED KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government proposed to adopt any special drive to